

APPENDIX KK – RESPONSE TO SUBMISSIONS

CESSNOCK HOSPITAL REDEVELOPMENT – REVIEW OF ENVIRONMENTAL FACTORS

Table 1 *Response to Submissions*

Comment	Response
Cessnock City Council	
Heritage	
<p><i>The Cessnock Hospital site is identified on Schedule 5 of the Cessnock Local Environmental Plan 2011 as an item of heritage significance, the REF has been referred to Council's Heritage Advisor for review and comment and the following comments are provided in response to Section 2.62(2)(a)(i) and section 2.10(1)(a), (c), (d) and (f) of the SEPP.</i></p> <p>Aboriginal Heritage:</p> <p><i>Council's Heritage Advisor concurs with the recommended mitigation measures, which must be implemented fully during works.</i></p> <p>Non-Aboriginal Heritage:</p> <p><i>A Heritage Impact Statement (HIS) has been prepared (Umwelt) and has been reviewed. It is noted that the proposed works are substantially concentrated towards the Jurd Street portion of the site, which is mostly characterised by undeveloped land and open spaces. In this location, it is accepted that the proposed works are situated away from the earliest developed areas of Cessnock Hospital, including the primary hospital building that is referenced in the heritage inventory sheet.</i></p> <p><i>In the location of the proposed works, an existing mortuary building will be demolished, which is identified in the HIS as having moderate significance. The HIS considers the demolition of the mortuary building to be acceptable and justifiable on the basis that it is associated with a later phase of development and change to the site, is of moderate significance and would be subject to a Photographic Archival Recording (PAR) prior to demolition.</i></p> <p><i>From an examination of the plans, it appears that the existing mortuary building could be retained by the proposed redevelopment, however the mortuary building would become a primary focal built form upon arrival to the hospital. From a social sensitivity perspective, it</i></p>	<p>Noted. All identified mitigation measures will be implemented as required throughout the life of the Project.</p>

is accepted that this may not be considered ideal or suitable, though the mortuary building is not readily identifiable as such.

However; it is accepted that the proposed development would reinforce the existing sense of detachment from the mortuary building and the original c1914 buildings, whereby there would be little discernible alteration to the existing visual and physical relationships. No objections are raised accordingly to the demolition of the mortuary building, subject to the undertaking of a PAR. The PAR is required to be undertaken of the entire site (inclusive of all buildings and structures proposed for demolition) prior to any demolition works commencing. The PAR is to be prepared by a suitably qualified Heritage Consultant and in accordance with the industry guidelines produced by Heritage NSW and shall be submitted to Cessnock Council's Local Studies library collection.

Council's Heritage Advisor notes the other mitigation measures as recommended in the HIS, which are supported and are to be fully implemented. In addition, Council encourages the retention and protection of all fabric that has been identified as having high significance.

Overall, subject to the adoption and implementation of the mitigation measures in the HIS, Council's Heritage Advisor concurs with the findings, in that the development would not have significant adverse impacts on the heritage significance of the Cessnock Hospital site, nor heritage items in the vicinity of the site.

In relation to archaeology, an Archaeological Report has been prepared (Biosis), which is an appendix to the ACHAR. It is acknowledged that the Archaeological Report focusses on Aboriginal cultural heritage and not European. Similar to the ACHAR, the Archaeological Report identifies the proposed works as being located within areas of high levels of ground disturbance and that no Aboriginal objects or areas of archaeological potential were identified within the study area as a consequence.

The Archaeological Report along with the ACHAR has determined that the risk of impacting any objects of Aboriginal cultural significance is low, however still provides recommended mitigation measures.

Council's Heritage Advisor concurs with the recommended mitigation measures, which must be implemented fully during works.

Planning

Parking

The parking rates as per Council's DCP (Chapter C.1 Parking and Access) are to be complied with for the proposed redevelopment and existing areas of the hospital. Designated staff parking, with lighting, is recommended close to the new building to allow safe path of travel to and from the carpark, particularly for night shift staff.

Noise

Parking:

- The Project does not seek to increase the number of long-term parking spaces in the western portion of the site, with works in this area being limited to resurfacing. As is noted further below, the 250 total parking spaces are adequate in servicing the operational requirements of the Hospital, and staff will have the ability to park close to the new clinical services building as required.

Noise:

- Noted. All mitigation measures will be implemented as required.

Noise impacts generated from the site are to be considered having regard for the cumulative impacts of the total operations occurring on the site. The noise mitigation measures are to be implemented to reduce potential impacts.

Lighting

All outdoor lighting/signage must not detrimentally impact upon the amenity of other premises and adjacent dwellings and the road reserve, and must comply with, where relevant, AS 1158.3:2005 Lighting for roads and public spaces – Pedestrian Area (Category P) lighting – Performance and design requirements and AS 4282:1997 Control of the obtrusive effects of outdoor lighting.

Contamination

The proposed development has the potential to encounter hazardous/contaminated materials and as such the recommendations within the submitted report are to be complied.

Waste Management

Rubbish generated from the development is to be suitably contained on site at all times. No rubbish shall be stockpiled in a manner which facilitates the rubbish to be blown off site. The recommendations and procedures within the submitted waste management plans are to be complied with during all stages of the development.

Social Impact

Due to the isolated location of the hospital and its proximity to other services, an on-site café is recommended to benefit and support patients, visitors and staff.

Lighting:

- Noted. A mitigation measure has been included which requires compliance with AS 1158.3:2005 Lighting for roads and public spaces – Pedestrian Area (Category P) lighting – Performance and design requirements and AS 4282:1997 Control of the obtrusive effects of outdoor lighting.

Contamination:

- Noted. All mitigation measures will be implemented as required.

Waste Management:

- The recommended waste management measures will form part of the Construction Waste Management Plan, to ensure that rubbish generated from the activity does not adversely impact the surrounding area.
- All mitigation measures will be implemented as required.

Social Impact:

- Within the Front-of-House (FOH) area, there will be space available for the provision of a coffee cart. This will be present as deemed suitable by the Hospital.

Transport for NSW

(Letter dated 17 February 2025)

Advice to the Determining Authority

- It is noted that the proposal includes the relocation of the existing bus stop on View Street to Jurd Street to align with the new hospital entrance. Please note that any changes to bus routes must be approved by Transport for NSW bus planning and ongoing consultation with TfNSW is therefore required to consider potential impacts to travel times and layover locations.
- It should be ensured that appropriate traffic measures are in place during the construction phase of the project to minimise the impacts of construction vehicles on traffic efficiency and road safety within the vicinity.
- The provision of dedicated pedestrian and active transport facilities within the vicinity should be considered to minimise potential conflicts with traffic.

- It is noted that the recommendation to redirect the existing 161 bus route via Jurd Street is a practical recommendation only to ensure that public transport users have easy access to the new Hospital main entrance point, replacing the existing entrance from View Street. Notwithstanding, this redirection is not inherently linked to the success of the Project and the redevelopment is not reliant on this bus stop being relocated.
- As part of this RTS, the bus bay has been removed, and a mitigation measure has been included which requires ongoing consultation with TfNSW regarding the design of any future bus bay.
- Regarding construction traffic, a Preliminary Construction Traffic and Pedestrian Management Plan (Preliminary CTPMP) has been included as part of the broader Transport Assessment prepared by Stantec, which notes that the existing on-site parking supply can satisfactorily accommodate construction worker parking. The Preliminary CTPMP also notes that the additional construction vehicles are considered minor in the

(Email dated 18 February 2025)

- Jurd Street is narrow in sections without kerb and guttering and would not be suitable for regular bus services in its current form.
- Swept paths should be assessed for busses accessing Jurd Street for the proposed new bus stop.
- There is currently no funding available for TfNSW to alter the path of bus route 161 to service a new stop in Jurd Street.
- All design work relating to bus stops must be done in accordance with [Functional Spaces - Part 4 Bus Stops - Transport Standards Portal](#) and [Bus Stop Urban Design Guideline - Transport Standards Portal](#).
- Indented bus bays are no longer a supported bus stop type.

context of overall road network activity and unlikely to have any material impact on the surrounding road network.

Surrounding Landowners

Thank you for providing opportunity to comment. I acknowledge the need for community to have better health services and facilities and overall think there is a need for this development, however as a resident who will immediately adjoining this new building I have some concerns in respect of sewer, traffic, parking and noise. I would be open to further discussion in relation to any of the matters I have identified below.

Section 3.1.6 services and Infrastructure

Sewer - the REF identifies that the hospital development will be gravity drained to an existing Hunter Water sewer main within private property in Jurd Street. The REF fails to however identify specifically which private property. My property 24 Jurd Street has a sewer main point within it. I understand this to be the top of the line. I have contacted Hunter Water and confirmed that I would need to give owners consent for any such connection. Please be advised I will not consent to this. This sewer main has already experienced numerous overflows, to the point now where Hunter Water reduce my bill every time the main overflows within my property. A commercial increase of sewage into this line is not an acceptable option. I do not give consent and I have advised Hunter Water as such.

Section 6.1 Table 15 (a)

Concludes the overall long terms environmental impact on the community is positive, and I agree an upgrade to the hospital is certainly needed, however the developer and the consent authority have a responsibility to address and protect the amenity of the adjoining residents. My specific concerns relate to traffic, street parking and noise (during construction and operational). I have outlined below measures which may assist in mitigating the impact to the immediate adjoining residents.

Section 6.2 Traffic + Appendix T Report

The main entrance is being relocated to Jurd Street, which will now account for 70% of the vehicle movements. The traffic report has only reviewed data in respect of accidents over

Services and Infrastructure:

- As confirmed in the supporting Dial-Before-You-Dig (DBYD) documentation (refer attachment), the gravity drainage will occur towards the North side of Jurd Street and will not affect the subject property.

Traffic and Parking:

- The Traffic Impact Assessment did not recommend changes to speed limits or on-street parking restrictions. Should any further restrictions be deemed necessary by Cessnock City Council's internal traffic committee, this may be considered separate to this REF.

Noise and Vibration:

- A range of noise mitigation measures have been identified in the Noise and Vibration Impact Assessment prepared by JHA (REF **Appendix V**). With regards to operational noise impacts, JHA notes that the building services will be located on Level 2 in the roof undercroft area. Given the distance from the proposed location of the building services to the nearest noise sensitive receivers (approximately 40m), a combination of standard measures including curated plant selection, duct lining, acoustic silencers and enclosures can be utilised to ensure that cumulative noise levels to the nearest noise sensitive receivers (being the residences to the North side of Jurd Street), meets the NSW Noise Policy for Industry (NPI) noise level criteria. Simultaneous attenuation measures to other properties is not required to achieve this criteria.
- Regarding construction noise, whilst it is acknowledged that the noise associated with the construction works (without noise control measures) is expected to exceed the noise limits for highly noise affected receivers within standard hours. Notwithstanding, this is a highly common scenario in instances where there are residential dwellings in proximity to a development site. Nonetheless, JHA confirms that compliance with the relevant construction noise criteria can be achieved through specific noise mitigation measures

the last 5 years and I presume only those which required police attendance in that time. I have lived in the “hospital hill” area since 2000 and in Jurd St since 2006. The Leonard/Jurd Street intersection has multiple accidents every year. Some minor and others of a more significant. The worst being 2 fatalities involving a motor bike (I think around 2003/2004). Jurd Street is already a main thoroughfare with many not abiding the speed limit. The east/west nature of this road in conjunction with the incline of Leonard Street can also be challenging at the intersection, particularly at the stop sign, in the morning and late in the afternoon as the sun impedes visibility. With relocation of the entrance, increase in vehicle movements and more people like to be parking within Jurd Street the intersection and speed limits needs to be reviewed and upgraded.

such as acoustic screening around the site. These noise mitigation measures will be provided in a detailed Construction Noise & Vibration Management Plan.

Parking

I acknowledge the intention to provide an on site car park. However from what I can see there is no intention to limit or restrict parking within Jurd Street. The nursing home immediately opposite the proposed building has no on site carparking for visitors. All visitors park on Jurd Street. With relocation of the hospital entrance to Jurd Street, patients and their visitors will have the ability to also park on Jurd Street and access the main entrance without driving into the hospital grounds reducing parking for nursing home visitors and residents of the area. I would like to request consideration be given to

- *resident only parking signage on the northern side of Jurd Street from 18 Jurd Street through to 26 Jurd Street. All residents at these houses are then provided with 2 resident permit passes for their use.*
- *Nursing home visitor only signage in front of 28 Jurd Street and further to the west.*
- *Time limited parking on the southern side of Jurd Street*

I acknowledge Jurd Street is a Council road however I would encourage you as the developer to work with Council to address the concerns of residents noting this is a substantial development valued in the vicinity of \$140 million.

Section 6.2.2 Noise and Vibration + Appendix V Report

My property is the one of the closest residential dwellings to the proposed new building. The report identifies that it is not possible to carry out a detailed noise assessment because the building plant has not been selected. While I appreciate the finer detail regarding product selection is not known as this stage, the implications could be significant for adjoining residents if the wrong product is selected or not located in the currently intended location. There is a lot of “should” statements in the report, rather than “must achieve”. Furthermore the construction of the development is lengthy, around 2 years with the report stating construction noise IS LIKELY to EXCEED the limits of the ICNG Guidelines. That is significant disruption for a two year period and then the building will commence operation. In light of this statement and the lack of clarity around what must be implemented rather than what should be implemented, I would like to request consideration be given to the developer providing acoustic measures to the residential

dwelling at the commencement of construction. This could include replacement of glazing or the installation of shutters to the front elevation facing Jurd Street.

Please let me know if you would like to discuss any of the above matters further.

It's great that the Cessnock LGA is getting a new hospital. However, I think in view of the number of people that live in the area and new housing increasing all the time, I do feel that a maternity unit should have been included in the plans. It's a long and bumpy ride to Maitland and not easily accessible by public transport.

The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.

The biggest problem is not having full time ED trained doctors in the ED. Let the GPs still take over the care of patients on the wards but employ full time doctors in ED at all times!! Most of the time the ED is run without a doctor and the nurses are put at risk to manage these patients via Telehealth. Also the doctors that are supporting the ED are GPs not specialists trained in ED management and trauma. The current GPs are overworked and are spending valuable time away from their practice or are doing multiple shifts after their practice times and into their personal time. This is a safety risk due to added stress and tiredness I could imagine they feel.

Staffing of the Emergency Department at Cessnock Hospital is an operational matter, but your feedback is noted. The range of services to be provided at the hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.

Just because an ambulance may redirect to Maitland or the JHH with a critically ill patient needing ventilation, thrombosis, emergency surgery doesn't stop a member of the public bringing in someone just as ill.

By building this new hospital it will benefit the community by still having a source of health support for them to seek. The staff of the hospital will be able to work with the latest technology and ergonomic design. However, it will also be an injustice to not supply the nurses and community with a doctor overseeing and making sure the community is being delivered safe medical care and the nurses are supported.

As a career of my dad who has stage 5 kidney failure I would love to see a dialysis unit at the up graded Cessnock hospital there is approximately 60% of dialysis patients are from our area and it would be wonderful to have one close

The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.

Cessnock hospital desperately needs full time quality doctors in the ED, it is nitrate on the nurses to have to call thru to Maitland or JHH for support they should have a doctor in real life treating patients.

Staffing and training opportunities at District hospitals including Cessnock Hospital are operational matters but your feedback has been noted. The range of services to be provided at the hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.

Training program to develop new nursing staff needs to be continuous, contact with local high schools to recruit potential future nurses abs get them training young as AIN - wages to match equivalent to local hospitality area wages to have more of an incentive file people to choose nursing as an option for their career.

The hospital Emergency Department needs to be staffed with trained Doctor(a) and nurses 24 hours a day. Access to pathology and imaging (x-rays, ultrasounds, investigations) is required, along with Telehealth facilities for link-ups with Specialists, such

Staffing and access to services at District hospitals including Cessnock Hospital are operational matters but your feedback has been noted. The range of services to be provided at the hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope

as a paediatrician and cardiologist. The large community is growing and anything less than a fully 24 hour staffed and functional ED will not suffice.

of services to be delivered is an operational matter and does not fall within the scope of this REF.

I support the project but would like to raise the following points :

- I would appreciate if the lighting of the main car park did not include any projector/floodlight facing directly the back of my property as it is the case at the moment, flooding my house with intense lighting all night.
- The present fence is only 4 foot high because there is no privacy/noise/security issue at the moment. Once the main car park is relocated at the back of my property there will be privacy/noise/security issues. Do you plan to erect new fences with a more appropriate high (6 foot at least).

- As noted above, a mitigation measure has been included which requires compliance with AS 1158.3:2005 Lighting for roads and public spaces – Pedestrian Area (Category P) lighting – Performance and design requirements and AS 4282:1997 Control of the obtrusive effects of outdoor lighting.
- In any case, it is noted that the only works relating to the main car park is resurfacing. No amendments to the existing lighting are proposed.

I am writing to provide my feedback on the Cessnock Hospital Redevelopment as part of the Review of Environmental Factors. While I welcome investment in the hospital's infrastructure, I have concerns regarding the long-term planning and the adequacy of services to meet the growing needs of our community.

1. Lack of Future Planning for Population Growth

Cessnock and the surrounding areas are experiencing significant population growth, particularly with expanding residential developments. However, the current redevelopment plans do not appear to adequately address the increased demand this will place on healthcare services. Future-proofing the hospital should be a key priority to ensure that we are not facing capacity issues within just a few years of project completion.

2. The Need for Birthing Services

There is a critical gap in maternity care within Cessnock. Many families are forced to travel to other hospitals for labour and birth, which can be both stressful and unsafe in urgent situations. The redevelopment should consider the reinstatement of birthing services to provide local, accessible maternity care for expecting mothers.

3. Full-Time Doctors and Staffing Issues

A modernised hospital is only as effective as the workforce supporting it. The ongoing shortages of full-time doctors, particularly in emergency and inpatient care, need to be addressed. Recruiting and retaining permanent medical staff should be prioritised alongside infrastructure improvements to ensure continuity of care for patients.

4. Increased Staffing for the Emergency Department

The Cessnock community relies heavily on the hospital's Emergency Department (ED), yet it is often understaffed and overwhelmed by demand. Without appropriate workforce planning and investment in staffing levels, any physical upgrades to the ED will not resolve the underlying issues of long wait times and patient care delays.

5. Pay Our Nurses Properly – A Sinking Ship Without Its Crew

A new building is meaningless without the healthcare heroes who keep our hospitals running. The community is outraged by the ongoing neglect of nurses' pay and working conditions, and our parliamentary representatives have failed to address this crisis. Nurses have no real leverage and are only driven to strike when conditions inside hospitals become dire—something I have personally witnessed firsthand.

Hospitals across the state, including Cessnock, are sinking ships due to chronic

- Increases to staffing and recruitment activities at District hospitals including Cessnock Hospital are operational matters but your feedback has been noted. The range of services to be provided at the hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.
- The Cessnock Hospital redevelopment has been facilitated as a direct response to the growing population of the Cessnock LGA and in recognition of the future population demand within the local health district. The scope of works is considered to be adequate in responding to this.

understaffing, poor wages, and burnout. This should be the number one priority of any redevelopment. A well-paid, well-supported nursing workforce is the foundation of a functioning hospital. If our government truly cares about healthcare, it must invest in its people—not just its buildings.

Conclusion

I strongly urge decision-makers to reconsider the scope of the redevelopment to ensure it meets the long-term needs of the Cessnock community. A failure to plan for future growth, reinstate essential services like birthing care, and properly staff and pay our healthcare workers will leave our region with ongoing healthcare challenges despite the redevelopment efforts.

Thank you for the opportunity to provide feedback. I hope that these concerns will be seriously considered as part of the planning process.

I note after reading the report concerning this proposal there is numerous mentions to Cessnock being an 'aging' population. This is obviously correct, however Cessnock statistically also has the youngest population also. With the population of Cessnock growing rapidly, there is a major need for a suitably furnished paediatric ward, plus there should also be scope / provision for a maternity ward. I would be interested to see any relevant HNEH stats that could potentially support this (i.e. birth rate percentage attributed to the Cessnock LGA etc). I would also note the need for a helipad / similar to be installed. For example, at Bucketty (within the Cessnock LGA itself) has unfortunately seen many motorbike / vehicular accidents on roads local to this area. Once this occurs, they are typically airlifted to the nearest hospital. It only makes sense for hospital being built in Cessnock to be able to offer this service to its constituents.

The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.

Please make sure the new hospital has all the appropriate diagnostic machines. Especially CT's & MRI's. If Cessnock hospital had this equipment 15 months ago then my then 18 year old son would have been correctly diagnosed with a ruptured brain tumour & would still have his full vision. To have a pretty hospital is great, I'm all for the upgrade, but what is the point if people are dying unnecessarily or having disabilities all because the hospital doesn't have the facilities to diagnose correctly. The nursing staff are incredible & they need to be put first as they are the ones on the front line.

The provision of services, instruments and diagnostic technology is an operational matter at District hospitals including Cessnock Hospital, but your feedback has been noted. The range of services to be provided at the hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.

With the growing population of Cessnock and surrounding area and the waiting times at Maitland Hospital Cessnock Hospital needs a Maternity Section included. We need to be going forward not backwards as we used to have a Maternity Section with less population. History of Cessnock Hospital on Trove newspapers confirms this.

The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.

Agree with the proposal. It's well overdue but we need enough staff and equipment to be able run it, could also do with a cafe.

Within the Front-of-House (FOH) area, there will be space available for the provision of a coffee cart.

I am not sure if on-site accommodation will be available with the new build but I would like to advocate for it. Due to lack of nursing staff state wide, especially in regional and rural areas, it is crucial to have accommodation options available for staff who choose to work in Cessnock Hospital but resided elsewhere. A new hospital will be, for some, a desirable place

Staff accommodation and recruitment are operational matters at District hospitals including Cessnock Hospital, but your feedback has been noted. The range of services to be provided at the hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope

to work. Having accommodation on site will increase the likelihood of Cessnock Hospital being adequately staffed by not only local nurses, doctors and allied health but also health care workers choosing to work in Cessnock from elsewhere as well as rural relievers, agency staff and locums.

of services to be delivered is an operational matter and does not fall within the scope of this REF.

Hi, I think as an opportunity with a functional hospital in the LGA, that it should be considered an educational facility for medical students. I personally think this would bring enhanced knowledge to the area medically, and offer more subsidised services utilising medical students, benefiting both the low socio-economic residents in the LGA and supporting medical training.

Training opportunities for staff at Cessnock Hospital is an operational matter but your feedback has been noted. The range of services to be provided at the hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.

I have looked but maybe I am missing it in this proposal I don't see increased parking space that would remain free. Also I don't see a helipad in this proposal. I would also ask why a maternity ward is not in this as Cessnock seems to be growing with new families. Our closest maternity is 30-35 minutes away. While I think it's important for this many other matters need to be addressed going forward.

- The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.
- For clarity, there is no proposed increase to parking spaces, with the total provision remaining at 250 spaces, accommodated within the existing Hospital grounds. This provision is noted to meet and exceed the parking rates specified within the Cessnock Development Control Plan 2010 and the Transport for NSW Guide to Traffic Generating Developments 2002.
- On top of this, as of 1 August 2023, patients, staff and visitors will be able to access free parking at hospitals and health facilities across regional NSW.

Dear Health Infrastructure and Hunter New England Health
CESSNOCK HOSPITAL REDEVELOPMENT

The Northern Coalfields Community Care Association (NCCCA) is fully supportive of the redevelopment of Cessnock Hospital and looks forward to the many benefits this project will bring to the people of Cessnock and surrounding areas. NCCCA provides residential and in-home aged care services in our local region, in addition to Meals on Wheels and Community Transport services.

NCCCA occupy the site directly opposite the redevelopment at 28 Jurd Street, Cessnock, known as 'Mountain View Lodge,' one of two residential aged care facilities owned by NCCCA, as well as the vacant land to the west of 'Mountain View Lodge'. In making this submission, NCCCA wishes to raise some import points to clarify continuity of services for our residents and clients, and as a neighbour to the works on Jurd Street.

We would appreciate clarification and additional information regarding the following points:

1. We currently operate one of our two 'Meals on Wheels' services from the Cessnock Hospital. Can you please reassure NCCCA and the community that uses our services that there will be no interruption to this during construction?
2. Will parking be available on both sides of Jurd Street during and after construction? Additionally, will there be time limits on parking? The context of this question is that staff, families, and visitors currently use Jurd Street for parking, which can range from 30 minutes to up to 12 hours at any given time.

- The hospital will continue to operate during construction. Road closures are not expected to be required for construction and the surrounding street network will be useable for services like Meals on Wheels.
- The contractor will prepare a detailed Construction Traffic Management Plan which will manage parking restrictions on Jurd Street during construction and is dependent on the construction program. Disruption to local streets will be minimised as much as possible, however the construction program may require changes to Jurd Street as typical for any construction program. The community will be notified prior to any such disruptions taking place.
- As noted above, the redirection of the 161 bus route will be subject to further negotiation with TfNSW in due course.
- Kerb and guttering will be installed along the frontage of the Hospital, extending to the Ambulance Station, although not extending the entirety of Jurd Street to Buckland Avenue.
- As noted above, the building services will be located on Level 2 in the roof undercroft area. Given the distance from the proposed location of the building services to the nearest noise sensitive receivers (approximately 40m), a combination of standard measures including curated plant selection, duct lining, acoustic silencers and enclosures can be utilised to ensure that cumulative noise levels to the nearest noise sensitive receivers (being the residences to the North side of Jurd Street), meets the NSW Noise

<p>3. With the redirection of the public bus service from View Street to Jurd Street and the relocation of the bus stop to the northeastern corner of the new clinical services building, will there be an additional bus stop on the opposite side of the road, or will the 161 bus route continue to be a loop service?</p> <p>4. Will full kerb and gutter be installed along the frontage of the hospital and to the Ambulance Station, extending through to Buckland Avenue?</p> <p>5. On completion of the redevelopment can consideration be given to the windows facing Jurd Street at Mountain View Lodge being replaced with acoustic glass? These windows are resident rooms and as they are directly opposite the new development the increase in noise is likely to be significant.</p> <p>6. Does Cessnock City Council have plans for the sealing of Jurd Street and construction of kerb and guttering on the Mountain View Lodge side of Jurd Street, extending to Buckland Avenue?</p> <p>We look forward to your response in due course.</p> <p>Kind regards</p> <p>Tony Bidstrup Chief Executive Officer</p>	<p>Policy for Industry (NPFI) noise level criteria. Simultaneous attenuation measures to other properties is not required to achieve this criteria.</p> <ul style="list-style-type: none"> Any other roadworks relating to Jurd Street (such as sealing, kerb and guttering to Buckland Avenue) is at the discretion of Council and falls outside the scope of this REF.
<p><i>They Needed a New Kitchen & Children Ward , Maturity Ward & Cafe Why It's Growing Community That is Getting Bigger We need more Money For all this But it is Needed Badly Please Listen to the People it's about Patient & Comfort of People We Need more We Deserve it after all this time please</i></p>	<p>The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.</p>
<p><i>While this new hospital upgrades are good and very much needed, I feel that it hasn't been thought out properly. Cessnock is growing rapidly at a very fast rate with new estates being added all around. The hospital NEEDS an upgraded ED, MATERNITY WARD / LABOUR WARD, And CHILDS WARD.</i></p> <p><i>Women are being forced to travel out of our LGA to give birth many giving birth at home or in their cars due to distance.</i></p> <p><i>Parents with sick children are being forced to travel 30+ minutes to Maitland or John hunter to receive help in the middle of the night with their young children and babies. There is so much potential for this to be great but the plan is lacking in crucial details.</i></p>	<p>The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.</p>
<p><i>A mental health ward would be very beneficial at the location as the nearest one is Maitland Hospital which is extremely busy. NSW Ambulance and local police crews are regularly stuck waiting at Maitland Hospital for hours on end waiting for mental health patients to be seen to by hospital staff. This takes both paramedics and police crews off the road and out of area for extended periods of time. Given that crime is currently running rampant in Cessnock and getting worse as time goes, it would be good to have these crews on the street and more available than they currently are.</i></p>	<p>The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.</p>
<p><i>I support the hospital redevelopment going ahead due to both local major hospitals are understaffed and inundated with patients requiring acute care which is often taking time</i></p>	<p>Increases to staffing and recruitment activities at District hospitals including Cessnock Hospital are operational matters but your feedback has been noted. The range of services to be provided at the hospital has been developed through extensive Clinical Services</p>

<i>of 6-15hours + per patient. This isn't good enough. We need more hospital care minutes and more hospitals to fill these massive hospitals.</i>	Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.
<i>We need a fully functioning hospital like Maitland! This area is populated enough that it is warranted and would take some of the pressure off of Maitland to help with wait times in emergency, to see Specialists, elective surgeries and general care. What is being proposed will help but not solve problems with health care in this area.</i>	The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.
<i>The Cessnock Hospital redevelopment is urgently needed for our fast growing community. We need to offer a wider range of services to the residents of Cessnock instead of having to travel to Mainland or Newcastle Hospitals. Also a cafe /shop would be a welcome addition.</i>	The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.
<i>I'd like to ask why in the new redevelopment planning why hasn't a maternity ward been factored into the redevelopment? In a town the size of Cessnock and a population that is continually to grow quite rapidly I cannot believe that Cessnock mother's are still being forced to go to Maitland or Newcastle to give birth! An absolute joke that this is happening.. Secondly.. Why isn't there any plans on having a helipad put in to replace the outdated and small one that is currently there? This should also be a priority to be able to have emergency helicopters landing at the hospital when required instead of offsite like they're doing now. These two things in mine and alot of other residents in Cessnock a screaming for and unfortunately falling on deaf ears continually. We deserve better!</i>	The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.
<i>Just enquiring if the new upgrade will include CT imaging in the emergency department? If not, it needs to be made a priority.</i>	Diagnostic technology and emergency services are operational matters, but your feedback has been noted. The range of services to be provided at the hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.
<i>The volunteers at Cessnock Hospital have been reviewing the information provided for the redevelopment and want to know if their building is being demolished and if during the survey, there were dangerous substances found in their building.</i>	The Pink Lady Volunteer Services Building is not proposed to be removed as part of this REF.
<i>I feel an infusion lounge would be a benefit to our community, in the new Cessnock hospital. A lot of us have to travel to the John Hunter for our infusions. When you have to spend most of the day with a needle in your arm it would be really great not to have to travel an hour there and back.</i>	The range of services to be provided at the Cessnock Hospital has been developed through extensive Clinical Services Planning undertaken by the Hunter New England Local Health District (HNELHD). The specific scope of services to be delivered is an operational matter and does not fall within the scope of this REF.